

Application for LaSalle Fire Department

1227 Fifth St, LaSalle, IL 61301 Phone: 815-223-0834 Fax: 815-223-0857



Date of Application: ____/____/____

First Name: _____ M.I.: _____ Last Name: _____

Address: _____ City: _____ State: _____

Telephone: (____) - ____ - ____ Alt Phone Number: (____) - ____ - ____

Have you applied before: Yes ___ No ___

Are you employed now? Yes ___ No ___ if so for, where do you work: _____

May we contact your employer? Yes ___ No ___ Employers Phone: (____) - ____ - ____

Will your employer approve of you leaving your job to respond to fire or EMS calls? Yes ___ No ___

Do you own a vehicle? Yes ___ No ___ Drivers License Number: _____ - ____ - ____

Are you a certified Firefighter: Yes ___ No ___ if so what level? _____

Are you a licensed EMT: Yes ___ No ___ if so what level? _____

List Other Certifications and/or Licenses:

I hereby authorize and give my consent to the LaSalle Police Department to check my criminal and or traffic convictions, if any. I hereby waive release and surrender any and all rights to claims which I may have against the city or any of its officers or employees as a result of the release of such records.

Signature Printed Name Date

Home Address: _____ Date of Birth: ____/____/____

Previous Employment History

Start with your present or last job, including military service assignments and volunteer activities.

Applicants should list supervisors name and address were they can be reached

Employer 1

Employer:					
Phone:			Job Title:		
Dates Employed:	From:	/	/	To:	Supervisor:
Reason For Leaving:					

Employer 2

Employer:					
Phone:			Job Title:		
Dates Employed:	From:	/	/	To:	Supervisor:
Reason For Leaving:					

Employer 3

Employer:					
Phone:			Job Title:		
Dates Employed:	From:	/	/	To:	Supervisor:
Reason For Leaving:					

Military Service: Yes ___ No ___**Branch:** _____**Education****High School Graduate:** Yes ___ No ___ **if yes, what High School:** _____**Year of Graduation:** ____

List Below any college courses, degrees or certificates which you may have attended or obtained

School 1

Name of School			
Dates Attended		Course of Study	
Degree or Certificates received			

School 2

Name of School			
Dates Attended		Course of Study	
Degree or Certificates received			

List other Schools, specialized training, apprenticeships, skills and extra –curricular activities:

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List any Honors you have received:

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I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of this department.

Signature_____
Printed Name_____
Date